POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	_Dw_	_32_	_3/1_
FORMALITY REVIEW	_MH_	920	3/27/01
RESPONSE FORMALITY REVIEW	_lw_	907	6-11-01

INDEX OF CLAIMS

✔ .... Rejected		N .... Non-elected	
= .... Allowed		I .... Interference	
— (Through numeral)... Canceled		A .... Appeal	
÷ .... Restricted		O .... Objected	

Claim		Date								
Final	Original									
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If more than 150 claims or 10 actions
staple additional sheet here

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